CS-100 REV 5/2002

Department Grievance No.

GRIEVANCE FORM

Civil	Sarvica	Reference	N
CIVII	Sel vice	Reference	140

(Provided by Employer)

(Assigned upon appeal to Civil Service)

This form is to be used: (1) to file a statement of grievance, (2) for the department to respond, or (3) to file an appeal of the department's response. Prior to completing and filing this form, see Michigan Department of Civil Service Regulation 8.01, <i>Grievance and Grievance Appeal Procedures,</i> and Regulation 8.06, <i>Computing Time and Filing Documents,</i> available on the Web at www.michigan.gov/mdcs/1,1607,7-147-6877_9083-17775,00.htm/ or at your personnel office.								
GRIEVANT'S NAME (Please print)			NAME OF GRIEVANT'S REPRESENTATIVE (Please print)					
EMPLOYEE ID NO.			REPRESENTATIVE'S ORGANIZATION					
GRIEVANT'S HOME MAILING ADDRESS			REPRESENTATIVE'S MAILING ADDRESS					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			
HOME PHONE NO.	WORK PHO	NE NO. (and EXT.)	REPRESENTATIVE'S PHONE NO.	REPRESEN	TATIVE'S FAX NO.			
FAX NUMBER	E-MAIL ADD	PRESS	REPRESENTATIVE'S E-MAIL ADD	PRESS				
GRIEVANT'S DEPARTMENT AND AGENCY			GRIEVANT'S CLASS AND LEVEL					
Please check the appropriate s	tep and pro	ovide your statement	below.					
Statement of grievance and re	•	-	Statement of grievance a	and requested re	elief filed at Step 2			
Department answer at Step 1			Reason for appeal of Step 1 answer to Step 2					
Department answer at Step 2			Reason for appeal of Step 2 answer to Civil Service					
NOTE: Appeals to Civil Service from Step 2 must be filed with the Department of Civil Service Hearings Office, Capitol Commons Center, 400 South Pine Street, Suite 102, P.O. Box 30002, Lansing, Michigan 48909; Fax (517) 241-9099; E-Mail MDCS-Hearings@michigan.gov; Telephone (517) 241-9096. You must include in this filing all underlying documents of the grievance chain.								
STATEMENT (Attach and label additional sheets if necessary.)								
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SIGNATURE				DATE				